

COUNTY OF SAN BERNARDINO, DEPARTMENT OF BEHAVIORAL HEALTH

ALCOHOL AND DRUG SERVICES



INTENSIVE OUTPATIENT

Chart #: _____

Admission Date: _____

Client Name _____

Staff Person Name: _____

DIMENSION	ADMISSION
1. DETOX / WITHDRAWAL	Must meet a & c or b & c <input type="checkbox"/> a. Minimal or no risk of severe withdrawal. <input type="checkbox"/> b. If exhibiting withdrawal symptoms, medical clearance needed client/support persons understand withdrawal care instructions. <input type="checkbox"/> c. Support services available to complete detox and recovery/treatment.
2. MEDICAL STATUS	Must meet 1: <input type="checkbox"/> a. None or stable <input type="checkbox"/> b. Manageable with outpatient medical monitoring.
3. EMOTIONAL/ BEHAVIORAL STATUS	Must meet 1: <input type="checkbox"/> a. Diagnosed emotional/behavioral disorder requiring monitoring and/or management due to high potential for distraction from recovery / treatment. <input type="checkbox"/> b. Engages in substance related abuse/neglect of spousal/child/significant others, requiring treatment/recovery to reduce risk of further deterioration. <input type="checkbox"/> c. Conditions addressed by additional services. <input type="checkbox"/> d. Mild risk of behaviors endangering self, others or property but not serious enough to require 24 hour supervision.
4. TREATMENT ACCEPTANCE OR RESISTANCE	Must meet both: <input type="checkbox"/> a. High enough resistance to require structured program but not so high as to render outpatient treatment ineffective <input type="checkbox"/> b. Agrees to participate.
5. RELAPSES POTENTIAL	Must meet this: <input type="checkbox"/> High likelihood of relapse or continued use without close monitoring and support.
6. RECOVERY ENVIRONMENT	Must meet this: <input type="checkbox"/> Has supportive recovery environment and/or life/social skills to cope

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DIMENSION	CONTINUED STAY
1. DETOX / WITHDRAWAL	Must meet 1: <input type="checkbox"/> a. Continued withdrawal symptomatology but needs continued medical monitoring and access to medical management. <input type="checkbox"/> b. Continued to have support services to ensure commitment to completion of detoxification and entry into continued substances disorder treatment. <input type="checkbox"/> c. Support persons continue to be able to clearly understand instructions for care, home environment able to provide adequate reality, reassurance and respect.
2. MEDICAL STATUS	Must meet 1: <input type="checkbox"/> a. No medical condition <input type="checkbox"/> b. Medical conditions and problems continue to be present, yet are not severe enough to interfere with treatment. <input type="checkbox"/> c. Medical conditions require ongoing medical monitoring which can be provided in coordination with this level of care.
3. EMOTIONAL/ BEHAVIORAL STATUS	Must meet 1: <input type="checkbox"/> a. Unable to maintain functional stability over a 3 day period but responding to treatment interventions. <input type="checkbox"/> b. Emotional/behavioral disorder continues to distract from treatment but does not completely block response to interventions <input type="checkbox"/> c. Mild risk of endangering self or others.
4. TREATMENT ACCEPTANCE OR RESISTANCE	Must meet this: <input type="checkbox"/> a. Begins to recognize responsibility for addressing illness yet requires continual treatment to sustain responsible behavioral.
5. RELAPSES POTENTIAL	Must meet 1: <input type="checkbox"/> a. Recognizes relapse triggers but has not developed sufficient coping skills to maintain impulse control. <input type="checkbox"/> b. Addiction symptoms, while stabilized, have not been reduced sufficiently to support functioning outside this level of care.
6. RECOVERY ENVIRONMENT	Must meet 1: <input type="checkbox"/> a. Has not integrated sufficient coping skills to withstand stressor's in the work environment or has not developed vocational alternatives. <input type="checkbox"/> b. Has not yet developed sufficient cog skills to deal with nonsupportivepin family/social environment or has not developed alternative living support systems. <input type="checkbox"/> c. Socialization skill necessary to establish supportive social network have not yet been integrated.

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DIMENSION	PLANNED DISCHARGE
<p align="center">1. DETOX / WITHDRAWAL</p>	<p>Must meet 1:</p> <p><input type="checkbox"/> a. No withdrawal symptoms present.</p> <p><input type="checkbox"/> b. If withdrawal symptoms present, adequate support systems are available</p> <p><input type="checkbox"/> c. Withdrawal symptoms increased requiring a high lever of care.</p>
<p align="center">2. MEDICAL STATUS</p>	<p>Must meet 1:</p> <p><input type="checkbox"/> a. Physical health conditions sufficiently stable and will not interfere with a lower level of care.</p> <p><input type="checkbox"/> b. Physical health condition interfering with treatment progress and requiring a higher level of care.</p>
<p align="center">3. EMOTIONAL/ BEHAVIORAL STATUS</p>	<p>Must meet 1:</p> <p><input type="checkbox"/> a. No longer likely to continue addiction related abuse/neglect of spouse children or significant others.</p> <p><input type="checkbox"/> b. Emotional/behavioral problems diminished in severity and regular monitoring at this level of care is no longer necessary.</p> <p><input type="checkbox"/> c. Emotional/behavioral stability deteriorated requiring a higher level of care.</p>
<p align="center">4. TREATMENT ACCEPTANCE OR RESISTANCE</p>	<p>Must meet 1:</p> <p><input type="checkbox"/> a. Increased recognition of the severity of alcohol and/or other drug use has been achieved.</p> <p><input type="checkbox"/> b. Some evidence exists of essential skills to maintain involvement in continuing treatment at a lower level of care.</p> <p><input type="checkbox"/> c. Acceptance of the need for therapeutic intervention has diminished requiring higher level of care.</p> <p><input type="checkbox"/> d. Treatment plan objectives have not been met further progress not expected at this level of care.</p>
<p align="center">5. RELAPSES POTENTIAL</p>	<p>Must meet this:</p> <p><input type="checkbox"/> a. Behaviors and understanding related to cravings and relapse triggers indicate ability to continue with treatment at a lower level of care</p> <p><input type="checkbox"/> b. Cravings and/or continued use indicate increased risk of relapse requiring higher level of care.</p>
<p align="center">6. RECOVERY ENVIRONMENT</p>	<p>Must meet 1:</p> <p><input type="checkbox"/> a. Can meet treatment goals with fewer therapeutic contacts due to positive changes in recovery environment.</p> <p><input type="checkbox"/> b. Unable to meet treatment goals in current environment requiring higher level of care</p> <p><input type="checkbox"/> c. Can meet treatment goals with fewer therapeutic contacts despite lack of change in recovery environment or because alternative environment has been found.</p>